

METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE

Metropolitan Health Department
Pollution Control Division
311 - 23rd Avenue North
Nashville, Tennessee 37203
Telephone: (615) 340-5653
FAX: (615) 340-2142

**GASOLINE DISPENSING FACILITY
ANNUAL THRUPUT REPORT**

One copy of this form must be completed for each gasoline dispensing facility located in Nashville, Davidson County, Tennessee.

1. Facility Name: _____ Existing Permit No.: _____
Mailing Address: _____
Physical Location: _____ Telephone No.: _____
Owner or Responsible Official: _____ Title: _____

MONTHLY THRUPUT (Gal.)		
	GASOLINE	DIESEL
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
ANNUAL THRUPUT		

I hereby certify that to the best of my knowledge the information contained in this report is true, accurate and complete for calendar year _____.

Signature of Responsible Official

Date